

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons**

Full Name (Last, First, Middle Initial)

**A. John Sargent Rogerson MD**

Mailing Address 2 Science Ct #101

City

Madison

State

WI

Zip Code

53711-1088

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AECD3F744099D4A7F88B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Marc J Rosen MD**

Mailing Address 5605 W Eugie Ste 111

City

Glendale

State

AZ

Zip Code

85304-1273

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Surgeons Network of North

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : AC5A886C15F4341E198B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mark Ruoff MD**

Mailing Address 15-01 Broadway Ste 20

City

Fair Lawn

State

NJ

Zip Code

07410-6003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : A41DA909918594BB2BC4

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00